

# BUND DEUTSCHER FAUSTKÄMPFER e.V.

EHRLICH • FAIR • VERANTWORTUNGSBEWUSST



## Application for purchase of membership

Bund Deutscher Faustkämpfer e.V.  
Glauburg-Straße 3 | D-63695 Glauburg  
Telefon: 0049-(0)6185-8590215  
E-Mail: bdf-ramona@wittmann-boxing.de  
Internet: <http://www.bdf-boxen.de>

Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Street: \_\_\_\_\_ Post Code: \_\_\_\_\_ Place: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Job: \_\_\_\_\_

Do they want to apply for a license?  Ja  Nein

Boxer/ -in  Trainer  Promotor  Timekeeper  Judges

Referee  Ring doctor  Manager

Were you a member or licensee of a professional boxing sports association?  yes  no

Which Association: \_\_\_\_\_ von: \_\_\_\_\_ bis: \_\_\_\_\_ What license?: \_\_\_\_\_

**This request must be attached to:** **Image and copy of the identity card!**

All documents must be sent to the office or to [bdf-ramona@wittmann-boxing.de](mailto:bdf-ramona@wittmann-boxing.de)

Before admission are payable:

(You get an invoice)

- |                  |                   |
|------------------|-------------------|
| 1) Admission fee | € 25,00 (unique)  |
| 2) Annual fee    | € 50,00           |
| 3) license fee   | License-dependent |

An application for a license as a professional boxer must be given the main medical examination and its findings

### **Direct debit authorization/SEPA-direct debit mandate**

I hereby authorize the Confederation of German Fist Fighters to collect the due amount of the year until revocation of the following account

Account holder Name: \_\_\_\_\_

IBAN: \_\_\_\_\_ BIC: \_\_\_\_\_

If it is not your own account, then additional signature from the account holder \_\_\_\_\_

The applicant submits to the statutes of the Bund Deutscher Faustkämpfer e.V., the "Sports Rules" of the BDF and expressly recognizes the provisions of the admission and examination regulations of the BDF known to him as binding in themselves.

\_\_\_\_\_  
Location, date

\_\_\_\_\_  
Signature

Advertised by: \_\_\_\_\_